

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 APR -5 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 11000010570

1. Corporation Name

Birds of Paradise Sanctuary + Rescue Inc

2. Principal Office Address - No P.O. Box #

17020 Waterline Rd

Suite, Apt. #, etc.

3. Mailing Office Address

17020 Waterline Rd

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34212

Country

Manatee

Zip

34212

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/2011

5. FEI Number

45-3674500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Debbie Huckaby

Street Address (P.O. Box Number is Not Acceptable)

17020 Waterline Rd

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34212

800284235999  
04/05/16--01024--016 \*\*236.25

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Debbie Huckaby  
REGISTERED AGENT MUST SIGN

Date 3/29/16

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
EX. Dir.	Debbie Huckaby	17020 Waterline Rd	Bradenton, FL 34212
Treas	Brandi Campbell	17020 Waterline Rd	Bradenton, FL 34212
MANAGER Officer	Ira Deosnin	2721 Garden Falls Dr	Brandon, FL 33511
S	Joseph Hendricks	16 Georgia Circle	Rossville, GA
D	Lynda Lewis	5077 Bunyan Way	Sarasota, FL 34232
D	Jennifer Budnick	22971 Sea Spray Place	Boca Raton, FL 33428

10. E-mail Address: debbie.huckaby@yahoo.com

(To be used for future annual report notification)

S. HAWKES

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Debra Huckaby

3/29/16

EXAMINER  
137-362-9997